



Boys Summer Enrichment Camp
Elder Toriano D. Jones, Founder/Facilitator
330-209-1176 (text/or leave a message)
Email: justusboyz2010@gmail.com
Monday, June 10 – Friday, June 14, 2019
9am until 3pm

Sponsored by:

The George Dunwoody Foundation, Inc.
Pastor Robin Dunwoody, Executive Director

NAME _____
(First) (Last)

DATE OF BIRTH ____/____/____ AGE ____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

CURRENT GRADE _____ T-SHIRT SIZE _____

**{PLEASE FILL OUT THIS ENTIRE APPLICATION}
INFORMATIONAL RELEASE**

I, _____ understand that the nature of this enrichment camp is to gear sessions around development and life choices. The following sessions will be held: Relationship building/ Creative Arts/ Life Skills/ Abstinence/ Sport Activities /HIV Awareness/ Domestic & physical violence. However because of the various ages of the participants, the sessions will be split up and tailored towards the appropriateness of the material based on age. I hereby give my consent for my son listed to participate in the travel to activities listed

Signature of Parent/Guardian _____

Date Signed _____

**JustUs Boyz SUMMER ENRICHMENT CAMP
EMERGENCY MEDICAL INFORMATION**

PARTICIPANT'S NAME _____

ADDRESS _____

PHONE NUMBER _____

AGE _____ DATE OF BIRTH _____

PARENT'S NAME _____

PARENT'S DAYTIME PHONE NUMBER _____

NAME OF ALTERNATE CONTACT PERSON _____

RELATIONSHIP TO PARTICIPANT _____

ALTERNATE CONTACT PHONE NUMBER _____

Please answer the following questions with a yes or no

Does the participant wear glasses/contacts _____

Does the participant have any food allergies _____

If yes, please specify _____

{PLEASE FILL OUT THIS ENTIRE APPLICATION}

Does the participant have any other known allergies _____

If yes, please specify _____

Preferred hospital for treatment of an emergency _____

Participant's Doctor's Name _____ Phone# _____

I, _____, give Min. Toriano Jones & Staff permission to call
Emergency Services to transport and/or provide medical care if needed for the participant

Is the participant taking any medication _____

If yes, please specify _____

Parent's Signature _____ Date _____

Athletics

JustUs Boyz SUMMER ENRICHMENT CAMP

Liability Waiver

Participant's Name _____

In consideration of the opportunity for my child to participate in the program "JustUs Boyz" summer enrichment camp located on the campus of L.I.F.E. Ministries International Church at 2651 Market Ave North, Canton, Ohio, I hereby assume all risks and release and hold harmless the camp, it's members, and volunteers of the JustUs Boyz summer enrichment camp from any claims, which might arise as the result of the child's presence, participation, and membership in the camp or the church.

Parent/Guardian

Date